

SENATE RECORD VOTE ANALYSIS

104th Congress
1st Session

Vote No. 466

September 27, 1995, 9:51 a.m.
Page S-14341 Temp. Record

VA-HUD APPROPRIATIONS/Veterans' Medical Care

SUBJECT: Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Bill for fiscal year 1996 . . . H.R. 2099. Rockefeller motion to waive the Budget Act for the consideration of the Rockefeller amendment No. 2785 to the committee amendment on page 8, lines 9-10.

ACTION: MOTION REJECTED, 51-49

SYNOPSIS: As reported, H.R. 2099, the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Bill for (fiscal year) FY 1996, will provide a net of \$80.98 billion in new budget authority, which is \$8.9 billion under the Administration's request, \$1.3 billion more than provided in the House-passed bill, and \$8.9 billion less than provided in FY 1995.

The committee amendment on page 8, lines 9-10, would provide \$16.450 billion for the Veterans Health Administration Medical Care account instead of \$16.777 billion as provided in the House-passed bill.

The Rockefeller amendment would further increase funding (by \$511 million) for Veterans medical care to \$16.961 billion (which is the amount requested by the Administration). The amendment would also require Budget Act caps to be adjusted to accommodate an increases of \$511.5 million in budget authority and \$511.5 million in outlays. Finally, the amendment would order the Finance Committee to limit any tax cuts that it might suggest to families with less than \$100,000 in annual income.

Debate was limited by unanimous consent. Following debate, Senator Bond raised a point of order that the amendment violated the Budget Act for exceeding the discretionary appropriations cap and for exceeding the revenue ceiling. Senator Rockefeller then moved to waive the Budget Act for the consideration of the amendment. Generally, those favoring the motion to waive favored the amendment; those opposing the motion to waive opposed the amendment.

NOTE: A three-fifths majority (60) vote of the Senate is required to waive the Budget Act. Following the failure of the motion to waive, the point of order was upheld, and the amendment thus fell.

Those favoring the motion to waive contended:

(See other side)

YEAS (51)			NAYS (49)			NOT VOTING (0)	
Republicans (6 or 11%)	Democrats (45 or 98%)		Republicans (48 or 89%)	Democrats (1 or 2%)		Republicans (0)	Democrats (0)
Campbell	Akaka	Hollings	Abraham	Helms	Kerrey		
Cohen	Baucus	Inouye	Ashcroft	Hutchison			
Jeffords	Biden	Johnston	Bennett	Inhofe			
Snowe	Bingaman	Kennedy	Bond	Kassebaum			
Specter	Boxer	Kerry	Brown	Kempthorne			
Warner	Bradley	Kohl	Burns	Kyl			
	Breaux	Lautenberg	Chafee	Lott			
	Bryan	Leahy	Coats	Lugar			
	Bumpers	Levin	Cochran	Mack			
	Byrd	Lieberman	Coverdell	McCain			
	Conrad	Mikulski	Craig	McConnell			
	Daschle	Moseley-Braun	D'Amato	Murkowski			
	Dodd	Moynihan	DeWine	Nickles			
	Dorgan	Murray	Dole	Packwood			
	Exon	Nunn	Domenici	Pressler			
	Feingold	Pell	Faircloth	Roth			
	Feinstein	Pryor	Frist	Santorum			
	Ford	Reid	Gorton	Shelby			
	Glenn	Robb	Gramm	Simpson			
	Graham	Rockefeller	Grams	Smith			
	Harkin	Sarbanes	Grassley	Stevens			
	Heflin	Simon	Gregg	Thomas			
		Wellstone	Hatch	Thompson			
			Hatfield	Thurmond			

EXPLANATION OF ABSENCE:

- 1—Official Business
- 2—Necessarily Absent
- 3—Illness
- 4—Other

SYMBOLS:

- AY—Announced Yea
- AN—Announced Nay
- PY—Paired Yea
- PN—Paired Nay

We find it ironic that in the same year that we celebrate the 50-year anniversary of the end of World War II we are being asked to deny needed medical care to the veterans who won that war. Those brave men who fought the battles from Normandy to Iwo Jima have earned our undying gratitude for their sacrifices, and deserve to have their medical needs met now that they are in their twilight years. We need to look at the human element--we need to remember, when we cut funding, that we are cutting funds for veterans who have prostate problems, who have Alzheimers, who have mental problems, and who have a host of other ailments that demand treatment. Not all of these veterans have independent means--if the VA does not provide care, they will not get care.

We are not asking for much with the Rockefeller amendment; all we are asking for is that enough extra funding be provided to cover inflation increases, thereby maintaining the current level of services. Some Senators have said that we do not need to provide that large of an increase in spending because the number of veterans is declining. In response, the number may be declining, but their needs are increasing as they become enfeebled by old age.

To pay for this increased spending, the Rockefeller amendment would demand that the tax cuts that Republicans seem determined to enact in the future be limited to people making less than \$100,000 per year. This amendment gives Senators a very clear choice. Whom do they favor: the poor, sick, aged veterans who fought heroically against the Nazis in World War II, or rich people who do not need any help? We favor the former, and thus support the Rockefeller amendment.

Those opposing the motion to waive contended:

Our colleagues concern for veterans is very touching, though somewhat perplexing given their silence on the many reforms that have been proposed to benefit veterans. Do they only favor increased spending on veterans if they can continue to do so through an antiquated, wasteful, and fraud-ridden VA medical system that is harmful to veterans, and do they only favor that spending if they can use it as their excuse to break the balanced budget plan with continued deficit spending? This amendment is truly puzzling, because surely our colleagues would not be so Machiavellian as to make an emotional appeal to our commitment to veterans as a ploy to increase deficit spending.

The bill before us contains very large reductions in many programs, but funding for Veterans health care will be increased by \$285 million, not decreased. The amount provided will be more than 3 times the amount provided in 1978. This huge increase over the past 17 years is partially due to such factors as greater health care costs and an increase in the average age of veterans, but it is also due to a continual expansion in benefits, as Members have competed with each other to prove who loves veterans more by providing ever more services. Further, if Members believe VA medical care is for service-connected medical problems, they are only 10-percent right; fully 90 percent of all VA medical treatment is in no way related to military service.

We do not favor reducing the quality of care our veterans receive, but we categorically reject the notion that the way to improve the quality of care is to increase spending continually. Only liberal politicians see more money as the solution. The General Accounting Office, the Congressional Budget Office, the VA Inspector General, and the veterans organizations have all advocated major changes to the way the VA operates. They have pointed out scores of opportunities for management improvements, which would result in hundreds of millions of dollars of savings--which would improve, rather than hinder, the quality of patient care. For example, veterans organizations, in their independent budget, recommended shifting inpatient care to an outpatient basis for savings of up to \$2 billion. Even the VA has gone along, though not as greatly, with this suggestion. The VA has been gradually reducing the number of hospital beds it has as it increases outpatient treatment. The VA estimates savings of \$761 million can be achieved. Other suggested savings include that the VA can buy pharmaceuticals at better prices, that the VA should not offer surgical services at every facility when better, safer services are available, and that it should reform its fee-basis program for outpatient care.

In putting this bill together, we tried to work with the VA on ways to trim its budget using management reforms that would improve services. The VA Administrator refused. Instead, he travelled the country making incendiary speeches on how Congress was intent on closing VA beds and denying medical care to veterans. He used statistics which the General Accounting Office and others said were seriously flawed. Specifically, they said that he used faulty assumptions to determine the VA's funding needs.

Under this bill, an average of \$5,500 will be spent on each veteran receiving medical care. This average is much higher than it needs to be because of the VA's outdated, inefficient methods of providing care. We think that if our colleagues and this Administration were serious about improving VA medical care they would be willing to work with us to make major reforms. Unfortunately, they have shown no interest in reforms. They have insisted on the status quo, and they have demanded more money. The Rockefeller amendment's demand for more money is especially offensive because it would not propose any spending offset. Instead, it would increase the deficit spending limit. In other words, every penny of this increased spending would be borrowed and added to the debt for our children to pay. We have enormous deficits and debt because of this attitude that anything that is good enough for us today is good enough for our children to pay for tomorrow. Now that Republicans hold both houses of Congress this attitude will no longer prevail. The Rockefeller amendment would break the balanced budget plan in order to give more money to a Federal agency that has resisted reform efforts. That agency serves veterans, so many Members may vote for this amendment rather than risk appearing to be ungrateful to veterans, but we will do what is right by voting against the motion to waive.